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### NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

04/20/2005

**EXAMINER** 

Howard R. Popper Ste. 35

4436 E. Camelback Rd. Phoenix, AZ 85018

THOMPSON, TIMOTHY J

ART UNIT

PAPER NUMBER

2873

DATE MAILED: 04/20/2005

| 1 | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
|   | 10/623,869      | 07/18/2003  | Anoop Agrawal        | ELKADI-2            | 5895             |

TITLE OF INVENTION: ELECTROCHROMIC SAFETY GLAZING

| APPLN. TYPE    |                   |  | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|-------------------|--|-----------------|------------------|------------|
| nonprovisional | nonprovisional NO |  | \$300           | \$1700           | 07/20/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED.</u> THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE STATUTORY PERIOD CANNOT BE EXTENDED. REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

|                                                                                                                    |                                                                                                                   |                                                                           |                                                                                                                                                          | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                    |                                                                                                                                                            |                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| appropriate. All further con                                                                                       | respondence including the I<br>below or directed otherwise                                                        | Patent, advance or                                                        | ders and notification                                                                                                                                    | of maintenance fees v                                                                                      | ired). Blocks I through 5 s<br>will be mailed to the current<br>; and/or (b) indicating a sepa                                                             | correspondence address as                                                                                              |
| CURRENT CORRESPONDENC                                                                                              | E ADDRESS (Note: Use Block 1 for                                                                                  | any change of address)                                                    |                                                                                                                                                          | Fee(s) Transmittal, Th                                                                                     | mailing can only be used for its certificate cannot be used all paper, such as an assignment                                                               | for any other accompanying                                                                                             |
| 75                                                                                                                 | 90 04/20/2005                                                                                                     |                                                                           |                                                                                                                                                          | have its own certificat                                                                                    | e of mailing or transmission.                                                                                                                              | one or rounds did wing, must                                                                                           |
| Howard R. Poppe                                                                                                    | er                                                                                                                |                                                                           |                                                                                                                                                          | Ce                                                                                                         | rtificate of Mailing or Trans                                                                                                                              | smission                                                                                                               |
| Ste. 35                                                                                                            |                                                                                                                   |                                                                           |                                                                                                                                                          | States Postal Service                                                                                      | with sufficient postage for fit                                                                                                                            | ist class mail in an envelope                                                                                          |
| 4436 E. Camelback                                                                                                  |                                                                                                                   |                                                                           |                                                                                                                                                          | addressed to the Mai<br>transmitted to the USF                                                             | il Stop ISSUE FEE address<br>PTO (703) 746-4000, on the                                                                                                    | above, or being facsimile date indicated below.                                                                        |
| Phoenix, AZ 85018                                                                                                  | •                                                                                                                 |                                                                           |                                                                                                                                                          |                                                                                                            |                                                                                                                                                            | (Depositor's name)                                                                                                     |
|                                                                                                                    |                                                                                                                   |                                                                           | RST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. Anoop Agrawal ELKADI-2 5895  E PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$300 \$1700 07/20/2005 |                                                                                                            |                                                                                                                                                            |                                                                                                                        |
|                                                                                                                    |                                                                                                                   |                                                                           |                                                                                                                                                          |                                                                                                            |                                                                                                                                                            | (Date)                                                                                                                 |
| APPLICATION NO.                                                                                                    | FILING DATE                                                                                                       | 1                                                                         | FIRST NAMED INVE                                                                                                                                         | NTOR                                                                                                       | ATTORNEY DOCKET NO.                                                                                                                                        | CONFIRMATION NO.                                                                                                       |
| 10/623,869                                                                                                         | 07/18/2003                                                                                                        |                                                                           | Anoop Agrawa                                                                                                                                             | 1                                                                                                          | ELKADI-2                                                                                                                                                   | 5895                                                                                                                   |
| TITLE OF INVENTION: E                                                                                              | LECTROCHROMIC SAFET                                                                                               | TY GLAZING                                                                |                                                                                                                                                          |                                                                                                            |                                                                                                                                                            |                                                                                                                        |
|                                                                                                                    |                                                                                                                   |                                                                           |                                                                                                                                                          |                                                                                                            |                                                                                                                                                            |                                                                                                                        |
|                                                                                                                    |                                                                                                                   |                                                                           |                                                                                                                                                          |                                                                                                            |                                                                                                                                                            |                                                                                                                        |
| APPLN. TYPE                                                                                                        | SMALL ENTITY                                                                                                      | ISSUE FI                                                                  | EE P                                                                                                                                                     | UBLICATION FEE                                                                                             | TOTAL FEE(S) DUE                                                                                                                                           | DATE DUE                                                                                                               |
| nonprovisional                                                                                                     | NO                                                                                                                | \$1400                                                                    |                                                                                                                                                          | \$300                                                                                                      | \$1700                                                                                                                                                     | 07/20/2005                                                                                                             |
| EXAM                                                                                                               | IINER                                                                                                             | ART UN                                                                    | IT C                                                                                                                                                     | LASS-SUBCLASS                                                                                              | 7                                                                                                                                                          |                                                                                                                        |
| THOMPSON                                                                                                           | , TIMOTHY J                                                                                                       | 2873                                                                      | <del>-</del>                                                                                                                                             | 359-265000                                                                                                 | _                                                                                                                                                          |                                                                                                                        |
| 1. Change of correspondence                                                                                        | e address or indication of "Fe                                                                                    | ee Address" (37                                                           | 2. For printing on                                                                                                                                       | the patent front page, l                                                                                   | ist                                                                                                                                                        |                                                                                                                        |
| CFR 1.363).                                                                                                        |                                                                                                                   |                                                                           | (1) the names of                                                                                                                                         | up to 3 registered pate                                                                                    | nt attorneys 1                                                                                                                                             |                                                                                                                        |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                   |                                                                                                                   |                                                                           | or agents OR, alternatively,                                                                                                                             |                                                                                                            |                                                                                                                                                            |                                                                                                                        |
| "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to    |                                                                                                                   |                                                                           |                                                                                                                                                          |                                                                                                            |                                                                                                                                                            |                                                                                                                        |
| PTO/SB/47; Rev 03-02 o<br>Number is required.                                                                      | or more recent) attached. Use                                                                                     | of a Customer                                                             | 2 registered pater<br>listed, no name w                                                                                                                  | it attorneys or agents. If<br>ill be printed.                                                              | f no name is 3                                                                                                                                             |                                                                                                                        |
| 3. ASSIGNEE NAME AND                                                                                               | RESIDENCE DATA TO B                                                                                               | E PRINTED ON T                                                            | HE PATENT (print                                                                                                                                         | or type)                                                                                                   |                                                                                                                                                            |                                                                                                                        |
| PLEASE NOTE: Unless                                                                                                |                                                                                                                   | low, no assignee                                                          | data will appear on                                                                                                                                      | the patent. If an assign                                                                                   | nee is identified below, the                                                                                                                               | document has been filed for                                                                                            |
| (A) NAME OF ASSIGN                                                                                                 | •                                                                                                                 |                                                                           |                                                                                                                                                          | ΓΥ and STATE OR CO                                                                                         | UNTRY)                                                                                                                                                     |                                                                                                                        |
| (11) 1111111111111111111111111111111111                                                                            |                                                                                                                   | (5                                                                        | )                                                                                                                                                        |                                                                                                            |                                                                                                                                                            |                                                                                                                        |
|                                                                                                                    |                                                                                                                   |                                                                           |                                                                                                                                                          |                                                                                                            |                                                                                                                                                            |                                                                                                                        |
| Please check the appropriate                                                                                       | assignee category or catego                                                                                       | ries (will not be pri                                                     | inted on the natent):                                                                                                                                    | ☐ Individual ☐ C                                                                                           | Corporation or other private gr                                                                                                                            | roup entity Government                                                                                                 |
| 4a. The following fee(s) are                                                                                       |                                                                                                                   |                                                                           | . Payment of Fee(s):                                                                                                                                     |                                                                                                            | Sorporation of outer private gr                                                                                                                            | coup chang — Government                                                                                                |
| ☐ Issue Fee                                                                                                        |                                                                                                                   |                                                                           | A check in the a                                                                                                                                         | mount of the fee(s) is e                                                                                   | nclosed.                                                                                                                                                   |                                                                                                                        |
| Publication Fee (No s                                                                                              | mall entity discount permitte                                                                                     | ed)                                                                       | Payment by cree                                                                                                                                          | lit card. Form PTO-203                                                                                     | 8 is attached.                                                                                                                                             |                                                                                                                        |
|                                                                                                                    | Copies                                                                                                            |                                                                           | The Director is                                                                                                                                          | hereby authorized by                                                                                       | charge the required fee(s), or (enclose an extra                                                                                                           | r credit any overpayment, to                                                                                           |
| 5. Change in Entity Status                                                                                         | (from status indicated above                                                                                      | e)                                                                        | Deposit Necount IV                                                                                                                                       |                                                                                                            | (chelose all extra                                                                                                                                         | copy or and formy.                                                                                                     |
| a. Applicant claims S                                                                                              | MALL ENTITY status. See                                                                                           | 37 CFR 1.27.                                                              | ☐ b. Applicant is r                                                                                                                                      | o longer claiming SMA                                                                                      | ALL ENTITY status. See 37 (                                                                                                                                | CFR 1.27(g)(2).                                                                                                        |
| The Director of the USPTO<br>NOTE: The Issue Fee and P<br>interest as shown by the reco                            | is requested to apply the Issu<br>bublication Fee (if required) vords of the United States Pate                   | ue Fee and Publicat<br>will not be accepted<br>ent and Trademark          | tion Fee (if any) or to<br>I from anyone other<br>Office.                                                                                                | o re-apply any previous<br>than the applicant; a reg                                                       | sly paid issue fee to the applic<br>gistered attorney or agent; or                                                                                         | ation identified above.<br>the assignee or other party in                                                              |
| Authorized Signature                                                                                               |                                                                                                                   |                                                                           | -                                                                                                                                                        | Data                                                                                                       |                                                                                                                                                            |                                                                                                                        |
|                                                                                                                    |                                                                                                                   |                                                                           |                                                                                                                                                          |                                                                                                            | n No                                                                                                                                                       |                                                                                                                        |
|                                                                                                                    | -                                                                                                                 |                                                                           |                                                                                                                                                          |                                                                                                            |                                                                                                                                                            |                                                                                                                        |
| an application of information an application. Confidential submitting the completed apthis form and/or suggestions | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT of reducing this burden. sh | 11. The information 122 and 37 CFR O. Time will vary hould be sent to the | n is required to obta<br>1.14. This collection<br>depending upon the<br>Chief Information                                                                | in or retain a benefit by<br>is estimated to take 12<br>individual case. Any c<br>Officer, U.S. Patent and | the public which is to file (ar<br>minutes to complete, includi<br>comments on the amount of the<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner | nd by the USPTO to process)<br>ing gathering, preparing, and<br>ime you require to complete<br>partment of Commerce PO |
| Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313-                                                          | inia 22313-1450. DO NOT<br>1450.                                                                                  | SEND FEES OR C                                                            | COMPLETED FOR                                                                                                                                            | MS TO THIS ADDRES                                                                                          | SS. SEND TO: Commissioner                                                                                                                                  | for Patents, P.O. Box 1450,                                                                                            |

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|------------------------------|---------------|----------------------|------------------------|------------------|--|
| 10/623,869                   | 07/18/2003    | Anoop Agrawal        | ELKADI-2               | 5895             |  |
| 75                           | 90 04/20/2005 |                      | EXAMINER               |                  |  |
| Howard R. Popper             |               |                      | THOMPSON,              | , ТІМОТНҰ Ј      |  |
| Ste. 35<br>4436 E. Camelback | Rd.           |                      | ART UNIT               | PAPER NUMBER     |  |
| Phoenix, AZ 85018            | }             |                      | 2873                   |                  |  |
|                              |               |                      | DATE MAILED: 04/20/200 | ς .              |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 101 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 101 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.